

**The Ethel Streit School**  
**Photo Release Permission Form**

As the parent or legal guardian of \_\_\_\_\_,  
I hereby consent to the use of photographs/videotape taken during the course of the school year for publicity, promotional and/or educational purposes (including publications, presentation or broadcast via newspaper, internet, social media or other media sources). I do this with full knowledge and consent and waive all claims for compensation for use or for damages.

\_\_\_\_\_ Yes, I give consent for The Ethel Streit School to photograph/videotape my child at school, at school events, and/or on field trips, and to use any images or videos for school purposes .

\_\_\_\_\_ No, I do not authorize The Ethel Streit School to use photographs or videos of my child for any purpose.

\_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Parent or Legal Guardian

Student's Name: \_\_\_\_\_

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